

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

<p>Our Docket No.: P395.12-0001</p> <p>First Named Inventor: Marius O. Poliac</p> <p>Title: MEDICAL DATA COLLECTION AND DELIVERY SYSTEM</p> <p>Express Mail No.: EV004175585US</p>	<p>Date: June 26, 2003</p>
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APPLICATION ELEMENTS

Commissioner for Patents
ADDRESS TO: P.O. Box 1450
 Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> Fee Calculation Sheet (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status	8. Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification Total Pages [18]	a. <input type="checkbox"/> Computer Readable Copy (CRF)
- Descriptive title of the invention	b. Specification Sequence Listing on:
- Cross References to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or
- Statement Regarding Fed. Sponsored R&D	ii. <input type="checkbox"/> Paper
- Reference to Microfiche Appendix	c. <input type="checkbox"/> Statements verifying identify of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claims	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawings (35 U.S.C. 113)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input type="checkbox"/> Oath or Declaration	10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Submission
a. <input type="checkbox"/> Newly Executed (original or copy)	[] Power of Attorney
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R.	11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
1.63(d) - for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement with copies of Citations as necessary
[Mark Box 5 below]	13. <input type="checkbox"/> Preliminary Amendment Total Pages []
I. <input type="checkbox"/> DELETION OF INVENTOR(S)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>Should be specifically itemized</i>)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)	15. <input type="checkbox"/> Certified Copy of Priority document(s) (<i>If foreign priority is claimed</i>)
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
	17. <input type="checkbox"/> Other

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. 3.73(b) Submission
- [] Power of Attorney
11. English Translation Document (*if applicable*)
12. Information Disclosure Statement with copies of Citations as necessary
13. Preliminary Amendment Total Pages []
14. Return Receipt Postcard (*Should be specifically itemized*)
15. Certified Copy of Priority document(s) (*If foreign priority is claimed*)
16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
17. Other

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Division Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner _____ Group Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

ATTY NAME AND REG. NO.	David R. Fairbairn Reg. No. 26,047	SIGNATURE: 
ADDRESS	Kinney & Lange, P.A. THE KINNEY & LANGE BUILDING 312 South Third Street Minneapolis, MN 55415-1002	
TELEPHONE	(612) 339-1863 FAX: (612) 339-6580	

FEE TRANSMITTAL

Complete if Known

Application No.

June 26, 2003

Filing Date

Marius O. Poliac

First Named Inventor

Group Art Unit

Examiner Name

Total Amount of Payment \$ 375.00

Atty. Docket Number

P395.12-0001

19704 USPTO
10/606611
06/26/03

METHOD OF PAYMENT (Check One)

1. The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2. Check Enclosed

FEES CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1001	750	2001	375	[X] Utility Filing Fee
1006	330	2006	165	[] Design Filing Fee
1004	750	2004	375	[] Reissue Filing Fee
1005	160	2005	80	[] Prov. Filing Fee

Subtotal (1) \$375.00

2. EXTRA CLAIM FEES

	Number Claims	Prior	Extra	Fee from Below	Fee Paid
Total	20	-	20	= 0 x 9 = 0	
Indep.	2	-	3	= 0 x 42 = 0	
Multiple Dependent Claims				0 = 0	

Insert 3 and 20, or number previously paid if greater; Reissue see below

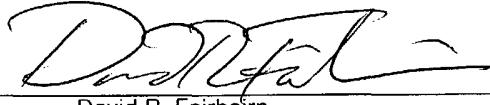
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent Claim
1204	84	2204	42	Reissue Independent Claims Over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$-0-

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee paid
1051	130	2051	65	Surcharge - Late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For Filing a Request for Reexamination	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1814	110	2814	55	Terminal Disclaimer Fee	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility/Reissue issue fee	
1502	470	2502	235	Design issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1801	750	2801	375	Request for Continued Examination (RCE)	
Other fee (specify) _____					

Subtotal (3) \$-0-

Signature 

Reg. No. 26,047

Date 6/26/03

Deposit Account No. 11-0982

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named	
Inventor	: Marius O. Poliac
Appln. No.	:
Filed	: June 26, 2003
Title	: MEDICAL DATA COLLECTION AND DELIVERY SYSTEM
Docket No.	: P395.12-0001
Group Art Unit:	
Examiner:	

EXPRESS MAIL COVER SHEET

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SENT VIA EXPRESS MAIL
Express Mail No.:

EV004175585US

Sir:

The following papers are being transmitted via **EXPRESS MAIL** to the U.S. Patent and Trademark Office on the date shown below:

1. Fee Calculation form w/attached check for \$375.00;
2. Utility Patent Application Transmittal Form;
3. Utility Patent Application (18 pages);
4. Formal Drawings (5 sheets);
5. File Data Form.

Respectfully submitted,

KINNEY & LANGE, P.A.

Date: 6/26/03

By


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